

Abdominal Wound Bundle

Michael Sugrue MB BCh BOA MD FRCSI FRACS



Disclosures

Consultancy with

Novus Scientific

Smith Nephew

3M

Patents



Student/Resident Emergency Abdominal Surgery Course

Friday
June 14th 2024

Venue:

AKISA Building, NKUA

**ATTIKON Hospital
ATHENS**



**Taking the Mystique out of Emergency
Abdominal Conditions!**

Provisional Faculty

Kostas Antonopoulos, Vascular, Athens
Nikos Arkoudis, Radiologist, Athens
Spyros Amacoutos, Surgeon, Sparta
Spyridon Christodoulou, Surgeon, Athens
Flora Eltsathiou, Nurse, Athens
Kostas Fortounis, Surgeon, Thessaloniki
Jamie Guinan, Nurse, Ireland
Panagiotis Kokoropoulos, Surgeon, Athens
Christina Koutoukou, Radiologist, Athens
Andreas Larentzakis, Surgeon, Athens
Evangelos Lolis, Surgeon, Crete
Thanassis Martinis, Surgeon, Piraeus
Giannis Massalis, Surgeon, Nafplio
Savvas Nikolaou, Radiologist, Canada
Ioanna Pozzouli, Surgeon, Cyprus
Vicky Rapti, Nurse, Athens
Anna Riley, nurse UK
Maria Stafylidou, Gastroenterologist,
Thessaloniki
Ian Stephens, Surgeon, UK
Michael Sugrue, Surgeon, Letterkenny, Ireland
Vivi Svardagkalou, Nurse, Athens
Gerasimos Tzolakidis, Intensivist
Pantelis Vassiliu, Surgeon, Athens

Must attend



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Vivi Svardagkalou, Nurse, Athens
Giorgos Tzolakidis, Intensivist
Pantelis Vassiliu, Surgeon, Athens

Objectives

Outline incision problems in **Emergency** Abdominal Surgery

Explain concept of Wound Bundle

Discuss Abdominal Wall Closure bundle

Creating Abdominal Wound Bundle



Incision Failure SSI

>500,000 USA Annually

Superficial

Deep

Dehiscence



15%



3%



10%

Incision Failure

Seroma



20%

Sinus



2%

Incisional hernia



20-30%

Incision Failure

Bleeding



2%

Necrosis



1%

Scarring



3%

Risk Factors - Modifiable and Non-modifiable

Patient Factors

Obesity (BMI >30)

Advanced age (>70yrs)

Diabetes

Immunocompromise

Smoking

Malnutrition

Shock

Disease Factors

Emergency surgery

Colorectal surgery (15-30%)

IBD (up to 47%)

Degree of contamination

Long Surgery

Conversion to Open



Bundle



Bundle

Prep Time 20 min

(12 elements)



China's Fantasy



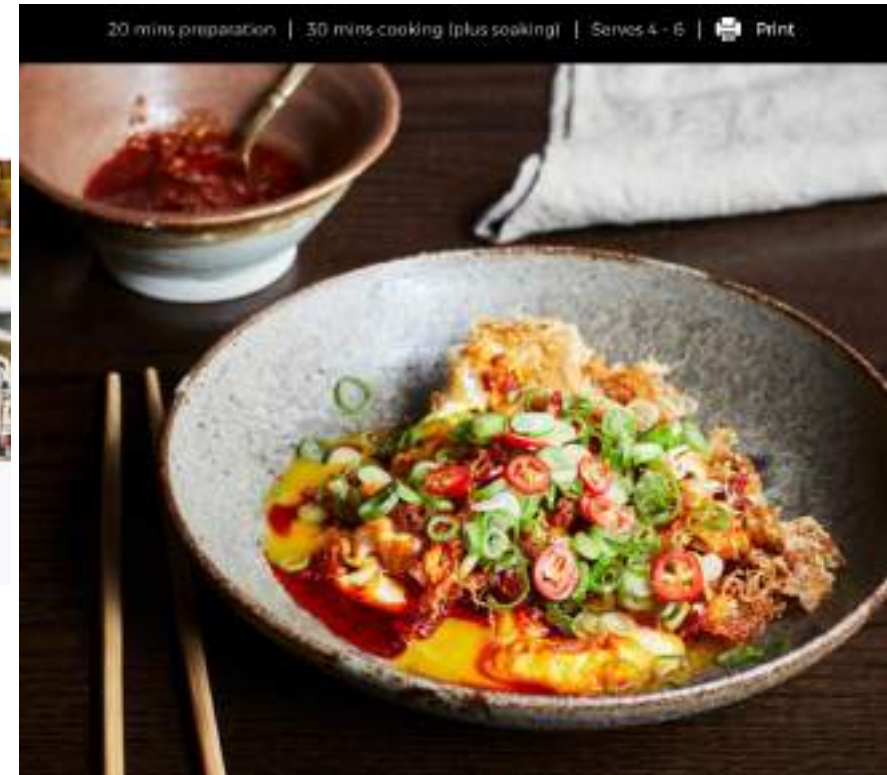
East Pearl Chinese restaurant



Wok Dragon EXPRESS



Fulihua Chinese Restaurant



20 mins preparation | 30 mins cooking (plus soaking) | Serves 4 - 6 | Print

Specific Wound Bundle Elements

Pre-op

Early Surgery to achieve source control
Appropriate IV Antibiotics, Dose Adjusted
Perfusion/Oxygenation
Blood Sugar < 10mmol/l
Temperature >35°C
Skin cleaning (difficulties in EGS)
Check micro profile
Safe Site Admin of Heparins
Double gloving and scrub technique
Theatre flow

Specific Wound Bundle Elements

Intra-op

Skin Shaving and Preparation

Rectal washout

Old scar excision- Tissue handing

Peritoneal Gram Stain and Culture

Peritoneal Wash

± Direct Peritoneal Resuscitation

Wound protector

Closure Tray change

Double gloving

Focus on fascial closure

Wound Closure Bundle Elements

Intra-op Closure

Small Bites

Needle size and suture technique

Self locking knots

2/0 Continuous Suture

Measure Suture to Wound Length

White on White

No of stitches documented

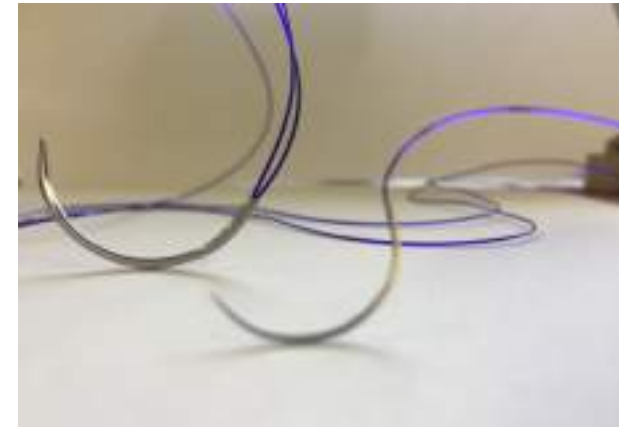
Self Locking Buried Knot

Seroma Prevention Quilting of space

Antiseptic Suture

Prophylactic Mesh placement

Subcuticular Skin Closure



Step by Step of the Abdominal Wound Bundle

Wound Bundle

Laparotomy for peritonitis




Evidence?



Effectiveness of a multidisciplinary patient care bundle for reducing surgical-site infections

BJS Aug 2018

M. R. Weiser¹, M. Gonen², S. Usiak³, T. Pottinger⁴, P. Samedy⁴, D. Patel⁴, S. Seo⁵, J. J. Smith¹,

Preoperative

- Appropriate antibiotic selection
- Consultation for raised haemoglobin A1C level
- Chlorhexidine shower
 - Night before surgery
 - Morning of surgery
- Mechanical bowel preparation
- Oral antibiotics
 - Early evening
 - Late evening
- SSI risk assessment provided to surgeon

Intraoperative

- Antibiotic administration before incision
- Appropriate method of hair removal
- Maintenance of normothermia†
- Intraoperative antibiotic redosing
- Closing tray for open procedures

Postoperative

- Discontinuation of antibiotics at 24 h
- Shower on postoperative day 2

Surgical Site Infection Wound Bundles Should Become Routine in Colorectal Surgery: A Meta-Analysis

Deirdre Foley¹, Madga Bucholz², Randal Parlour³, Caroline McIntyre¹, Alison Johnston¹, Michael Sugrue^{2*}

Study or Subgroup	Wound Bundle		Control		Weight	Risk Ratio	
	Events	Total	Events	Total		M-H, Random, 95% CI	M-H, Random, 95% CI
Anthony 2011	36	100	18	97	5.7%	1.94	[1.19, 3.17]
Benlice 2016	56	1293	58	986	6.2%	0.74	[0.51, 1.05]
Cima 2012	3	198	27	531	3.3%	0.30	[0.09, 0.97]
Connolly 2016	25	311	89	379	6.0%	0.34	[0.23, 0.52]
Elia-Guedea 2017	2	79	12	70	2.6%	0.15	[0.03, 0.64]
Gachabayov 2018	25	311	89	379	6.0%	0.34	[0.23, 0.52]
Gorgun 2018	56	1624	58	986	6.2%	0.59	[0.41, 0.84]
Hewitt 2017	3	212	39	489	3.3%	0.18	[0.06, 0.57]
Hoang 2018	18	459	26	436	5.4%	0.66	[0.37, 1.18]
Keenan 2014	12	212	41	212	5.3%	0.29	[0.16, 0.54]
Keenan 2015	18	285	31	165	5.5%	0.34	[0.19, 0.58]
Lutifiyya 2012	7	195	65	430	4.7%	0.24	[0.11, 0.51]
Perez-Blanco 2015	9	124	28	218	4.9%	0.57	[0.28, 1.16]
Reames 2015	203	3119	180	2604	6.6%	0.94	[0.78, 1.14]
Rencüzoğulları 2018	16	498	149	1408	5.7%	0.30	[0.18, 0.50]
Ruiz-Tovar 2018	2	99	16	99	2.6%	0.13	[0.03, 0.53]
Schiavone 2017	5	118	20	115	4.0%	0.24	[0.09, 0.63]
Tanner 2016	28	166	11	127	5.1%	1.95	[1.01, 3.76]
Weiser 2018	11	616	36	454	5.1%	0.23	[0.12, 0.44]
Wick 2012	44	324	47	278	6.1%	0.80	[0.55, 1.17]
Total (95% CI)		10343		10463	100.0%	0.46	[0.34, 0.62]

Total (95% CI)

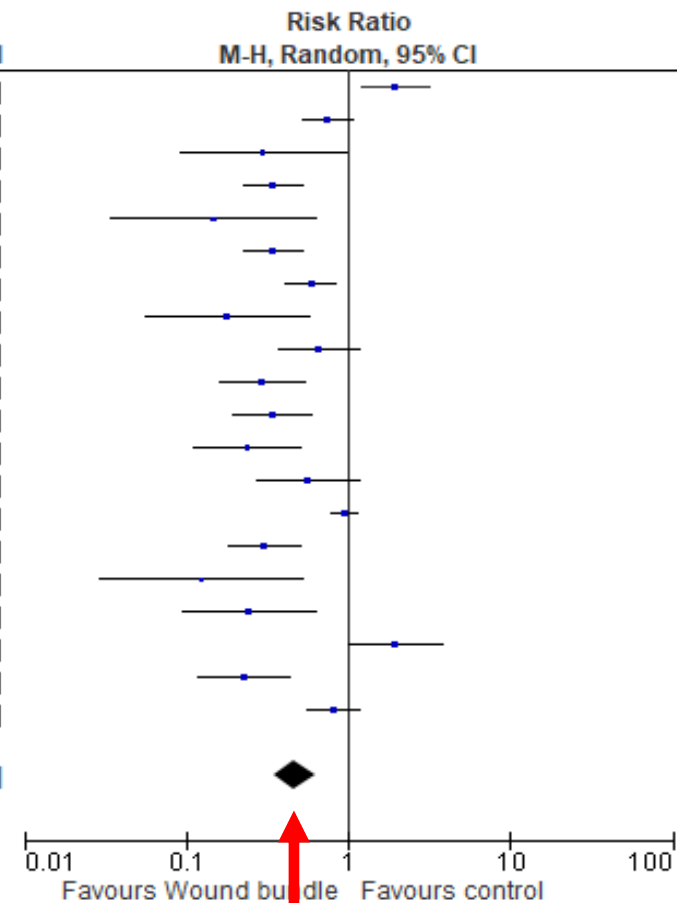
10343

10463

100.0%

0.46 [0.34, 0.62]

Total events 579 1040
Heterogeneity: Tau² = 0.34; Chi² = 121.76, df = 19 (P < 0.00001); I² = 84%
Test for overall effect: Z = 5.05 (P < 0.00001)





Team Work- Marginal Gains



Marginal Gains + Micro-excellence and Team Work



Not just rely on a Wound Bundle

Incision Decision Failure

ACS

Tramlining

Uncontrolled



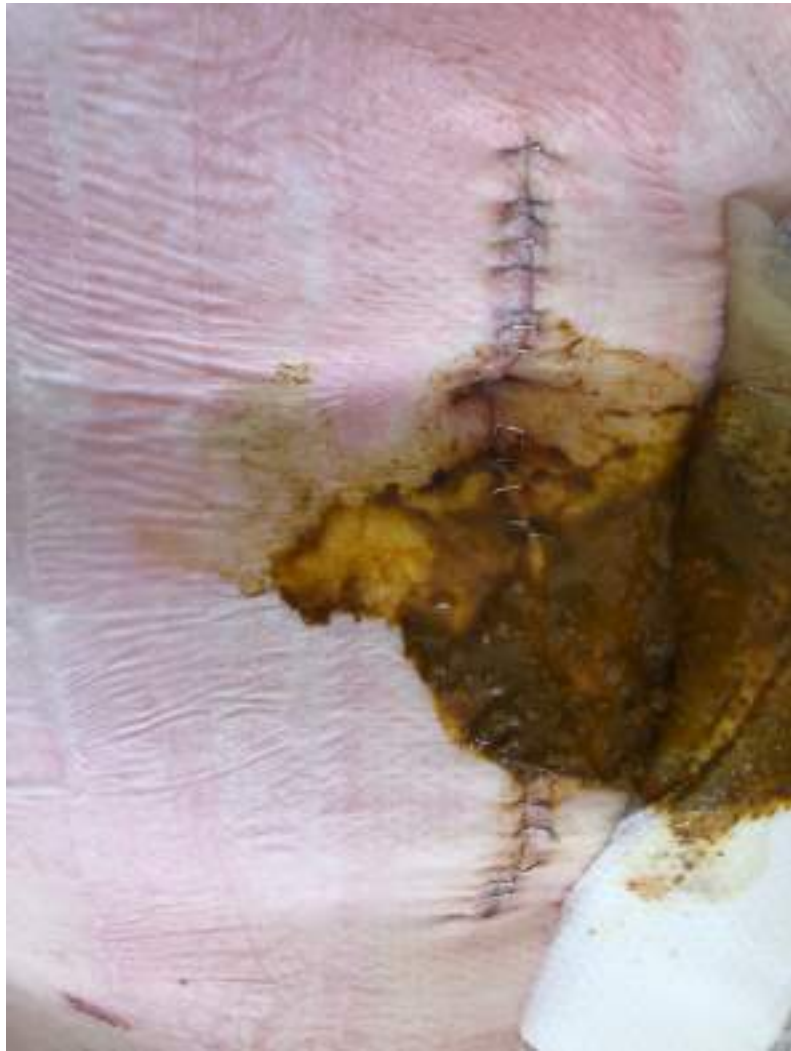
5%

0.5%

40 of OA%

Seal Your Ostomy





Silk?



Must attend



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ATHENS**

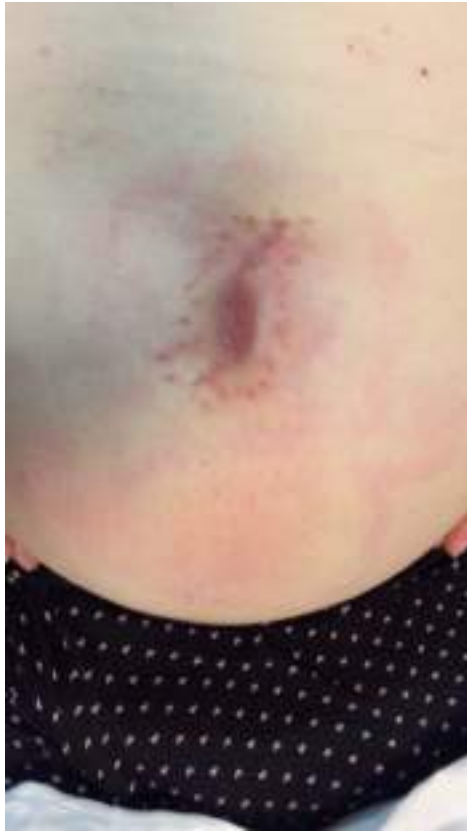


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Giorgos Tzolakidis, Intensivist
Pantelis Vassiliu, Surgeon, Athens

Consequences





Am J Obstet Gynecol. 2015
Epub 2014 Dec 19.

Suture versus staples for skin closure after cesarean: a meta-analysis.

Mackeen AD1, Schuster M2, Berghella V3.

Obstet Gynecol. 1992 Dec;80(6):1013-6.

Does closure of Camper fascia reduce the incidence of post-cesarean superficial wound disruption?

Del Valle GO1, Combs P, Qualls C, Curet LB.

Obstet Gynecol. 2011 Mar;117(3):682-90. doi: 10.1097/AOG.0b013e31820ad61e.

Staples compared with subcuticular suture for skin closure after cesarean delivery: a systematic review and meta-analysis.

Tuuli MG1, Rampersad RM, Carbone JF, Stamillo n ..

Obstet Gynecol. 2004 May;103(5 Pt 1):974-80.

Suture closure of subcutaneous fat and wound disruption after cesarean delivery: a meta-analysis.

Chelmos D1, Rodriguez EJ, Sabatini MM.

doi: 10.1016/j.ajog.2014.12.020.

Suture closure after cesarean:

Surgical wound assessment by sonography in the prediction of surgical wound infections

Christopher D. Barrett, MD, Arthur Celestin, MD, MPH, Emily Fish, MD, MPH, Charity C. Glass, MD, Mariam F. Eskander, MD, Rudy Murillo, MD, Georgi Gospodinov, PhD, Alok Gupta, MD, and Carl J. Hauser, MD, Boston, Massachusetts

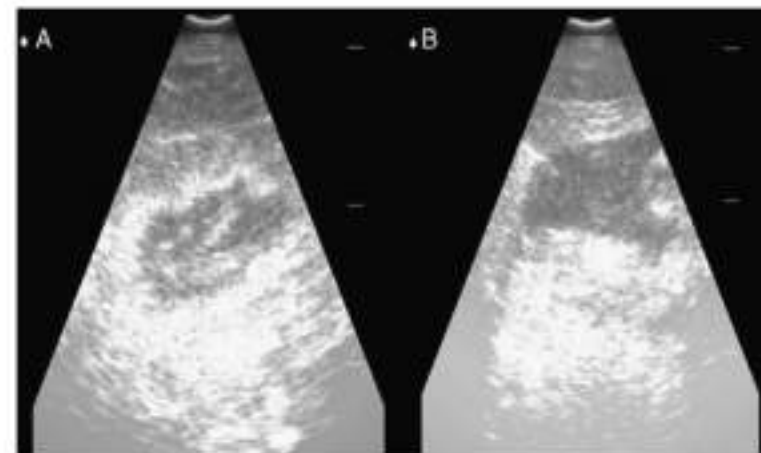


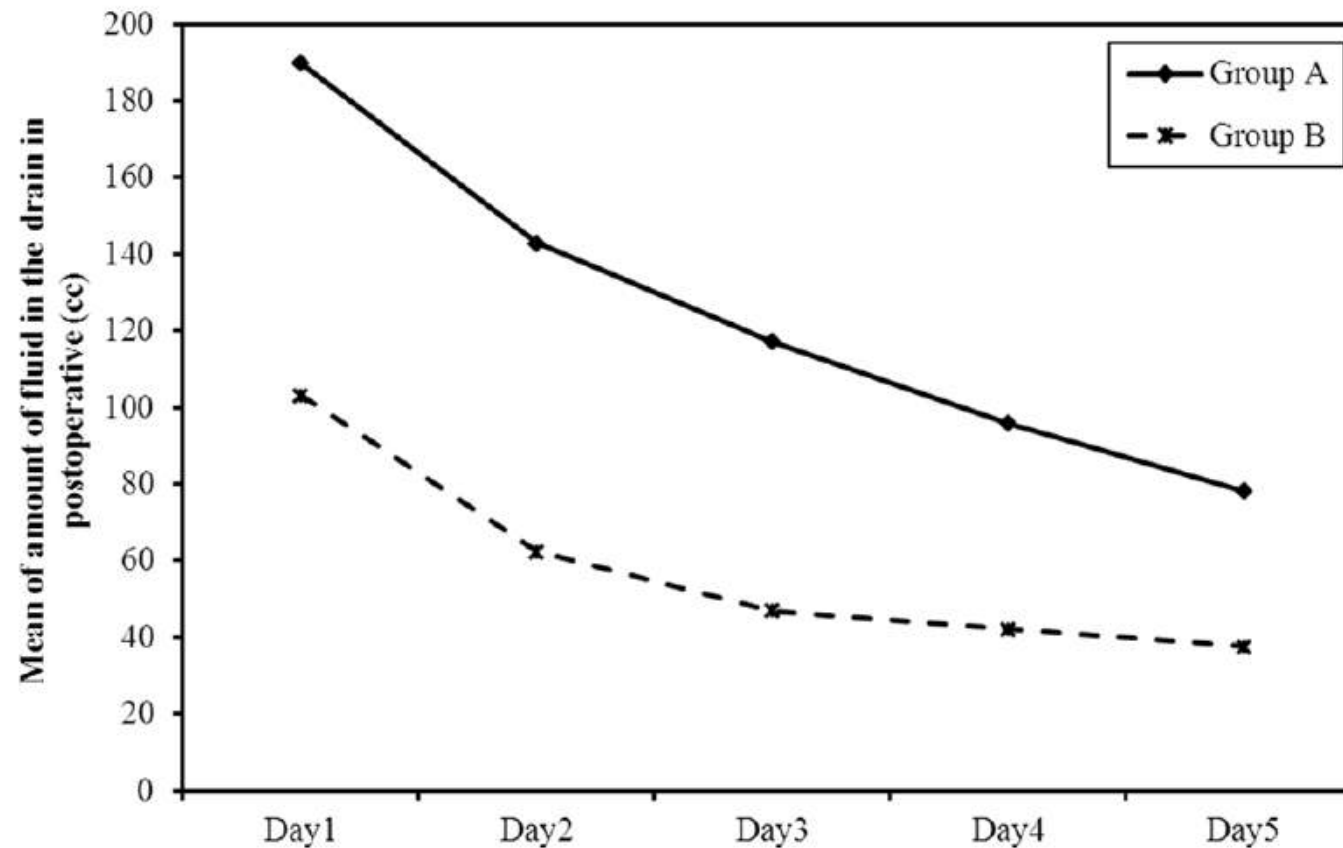
TABLE 1. SWATS Patient Characteristics

Characteristics	Fluid Collection Present (n = 19)	Fluid Collection Absent (n = 30)
Age, mean (SD)	67 (14.8)	60 (14.0)
SSI	8 (42.1%)	3 (10.0%)



Using quilting sutures in decreasing seroma formation after managing large ventral hernias: a comparative study

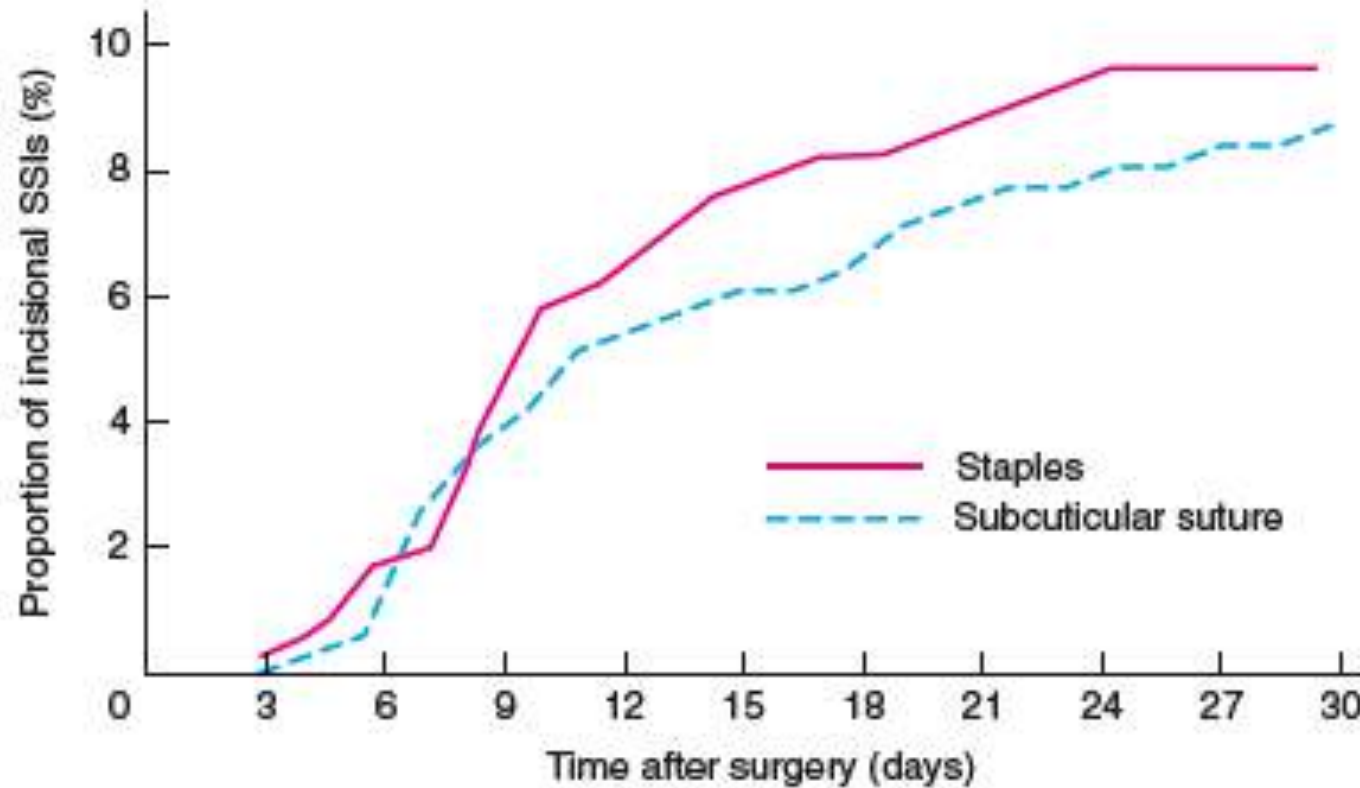
M. A. Alhussini¹ · A. T. Awad¹ · H. M. Kholosy²



Randomized clinical trial of skin closure by subcuticular suture or skin stapling after elective colorectal cancer surgery

S. Kobayashi^{1,3,4}, M. Ito¹, S. Yamamoto², Y. Kinugasa⁵, M. Kotake⁶, Y. Saida³, T. Kobatake⁷,

BJs 2015; 102: 495–500



The role of prophylactic mesh placement to prevent incisional hernia in laparotomy. Is it time to change practice?

Michael Sugrue^{1,2}, Alison Johnston¹, Saqib Zeeshan¹, Paula Loughlin^{2,3},
Magda Bucholc², Angus Watson^{2,4}

¹Department of Surgery, Letterkenny University Hospital and Donegal Clinical Research Academy, Ireland

TABLE 2. Surgical technique as prevention of incisional hernia

Measuring wound length
Documenting the suture to wound length
Suture to wound length ratio 4 : 1
Use of self-locking sutures
Closure of the fascia in one layer
Low tension
Small stitches
Using a monofilament suture

Prophylactic onlay mesh at emergency laparotomy: promising early outcomes with long-acting synthetic resorbable mesh

Daniah Alsaadi ,* Ian Stephens,* Lydia O. Simmons,* Magda Bucholc† and Michael Sugrue*‡

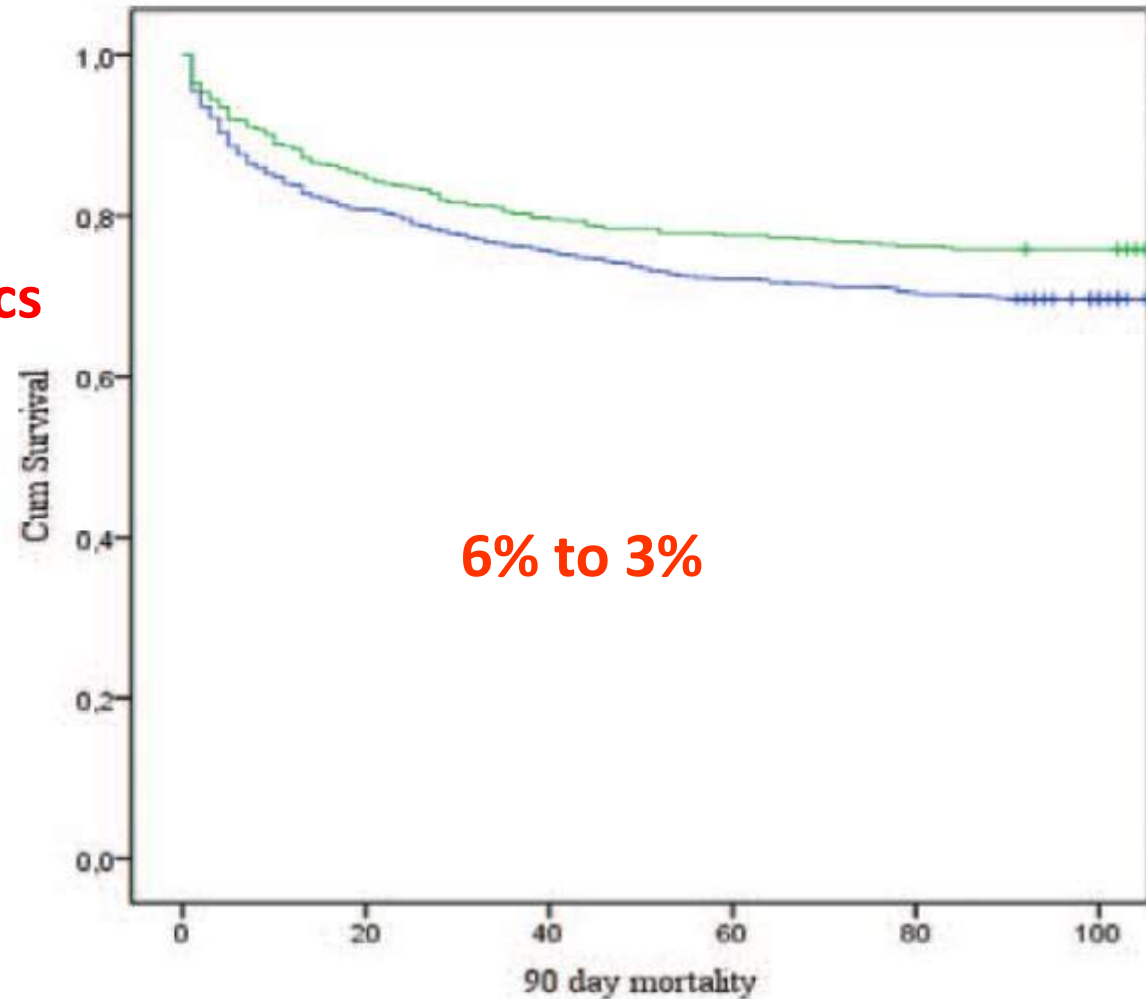
ANZ J Surg 2022

Anaesthesiol Intensive Ther 2019; 51, 3

Reduced Rate of Dehiscence After Implementation of a Standardized Fascial Closure Technique in Patients Undergoing Emergency Laparotomy

Mai-Britt Tolstrup, MD,* Sara Kehlet Watt, MD,† and Ismail Gögenur, MD, DMSc†

Back to Basics



Ann Surg 2016

Pride in Outcome Clinic Review

Nice outcome Primary
Anastomosis Following LBO with
Sigmoid resection. Lovely incision



Was this preventable?

No mesh used

Yes

It needs a second major operation



EGS Higher Rates of Incisional Hernias

CLINICAL-REGISTRY

Incisional hernia incidence following laparotomy for combat trauma: Investigating 15 years of US war surgery

Victor Moas, MD, Susan Eskridge, PhD, Mary Clouser, PhD, Steven Kurapaty, BS, Christopher Dyke, MD, and Jason Souza, MD, Bethesda, Maryland

The American Journal of Surgery (2010) 200, 229–234

The American
Journal of Surgery

Clinical Science

Long term follow up for incisional hernia after severe secondary peritonitis—incidence and risk factors

Mohammed R. Moussavian, M.D., Jochen Schuld, M.D., Daniel Dauer, M.D., Christoph Justinger, M.D., Otto Kollmar, M.D., Martin K. Schilling, M.D., Sven Richter, M.D.*

ORIGINAL ARTICLE

Reduced Rate of Dehiscence After Implementation of a Standardized Fascial Closure Technique in Patients Undergoing Emergency Laparotomy

Mai-Britt Tolstrup, MD,* Sara Kehlet Watt, MD,† and Ismail Gögenur, MD, DMSc‡

Hernia (2019) 23:341–346
<https://doi.org/10.1007/s10029-019-01893-0>

ORIGINAL ARTICLE




Reduced rate of incisional hernia after standardized fascial closure in emergency laparotomy

T. Thorup¹ · M.-B. Tolstrup¹ · I. Gögenur²





Preventing incisional ventral hernias: important for patients but ignored by surgical specialities? A critical review

M. A. Garcia-Urena¹  on behalf of POP (Progress On Prevention) Surgical Group

Received: 31 August 2020 / Accepted: 16 November 2020 / Published online: 4 January 2021
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Abstract

Purpose Incisional ventral hernias (IHs) are a common complication across all surgical specialities requiring access to the abdomen, pelvis, and retroperitoneum. This public health issue continues to be widely ignored, resulting in appreciable morbidity and expenses. In this critical review, the issue is explored by an interdisciplinary group.

Methods A group of European surgeons encompassing representatives from abdominal wall, vascular, urological, gynecological, colorectal and hepato-pancreatico-biliary surgery have reviewed the occurrence of IHs in these disciplines.

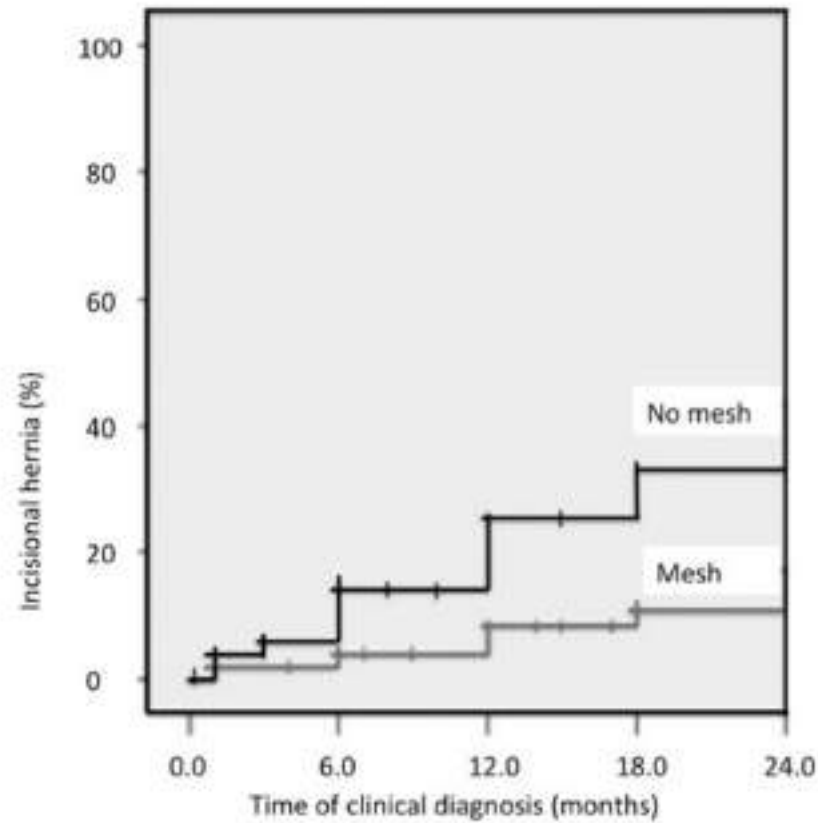
Results Incisional hernias are a major public health issue with appreciable morbidity and cost implications. General surgeons are commonly called upon to repair IHs following an initial operation by others. Measures that may collectively reduce the frequency of IH across specialities include better planning and preparation (e.g. a fit patient, no time pressure, an experienced operator). A minimally invasive technique should be employed where appropriate. Our main recommendations in midline incisions include using the ‘small bites’ suture technique with a $\geq 4:1$ suture-to-wound length, and adding prophylactic mesh augmentation in patients more likely to suffer herniation. For off-midline incisions, more research of this problem is essential.

Conclusion Meticulous closure of the incision is significant for every patient. Raising awareness of the IHs is necessary in all surgical disciplines that work with the abdomen or retroperitoneum. Across all specialties, surgeons should aim for a $< 10\%$ IH rate.

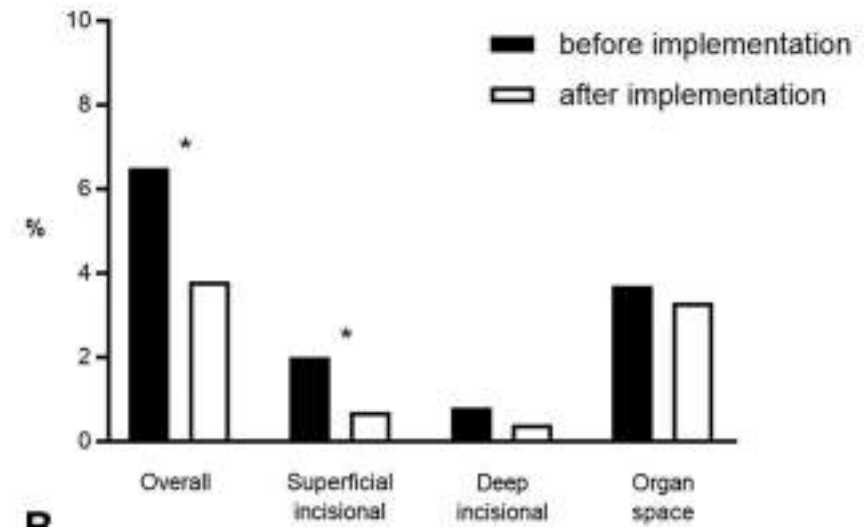
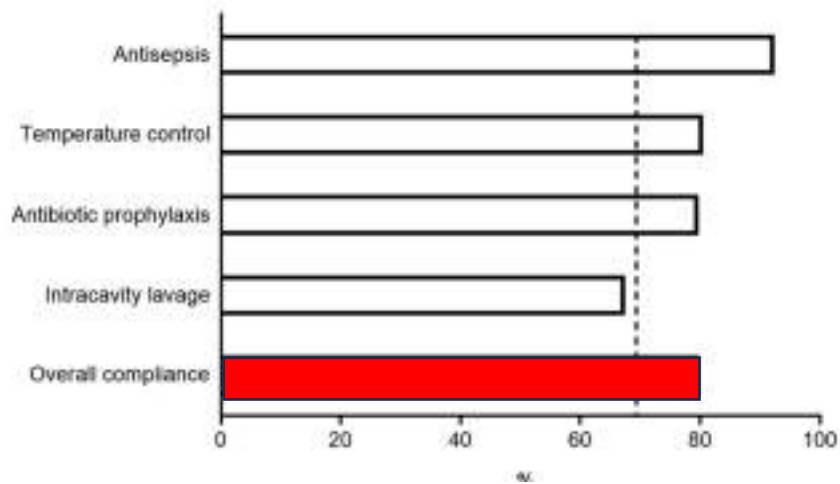


Randomized Controlled Trial of the Use of a Large-pore Polypropylene Mesh to Prevent Incisional Hernia in Colorectal Surgery

Miguel Ángel García-Ureña, PhD, MD,* Javier López-Monchís, MD,* Luis Alberto Blázquez Hernando, MD,*



Compliance and Outcomes



Implementing a surgical site infection prevention bundle for emergency appendectomy: Worth the effort or waste of time?

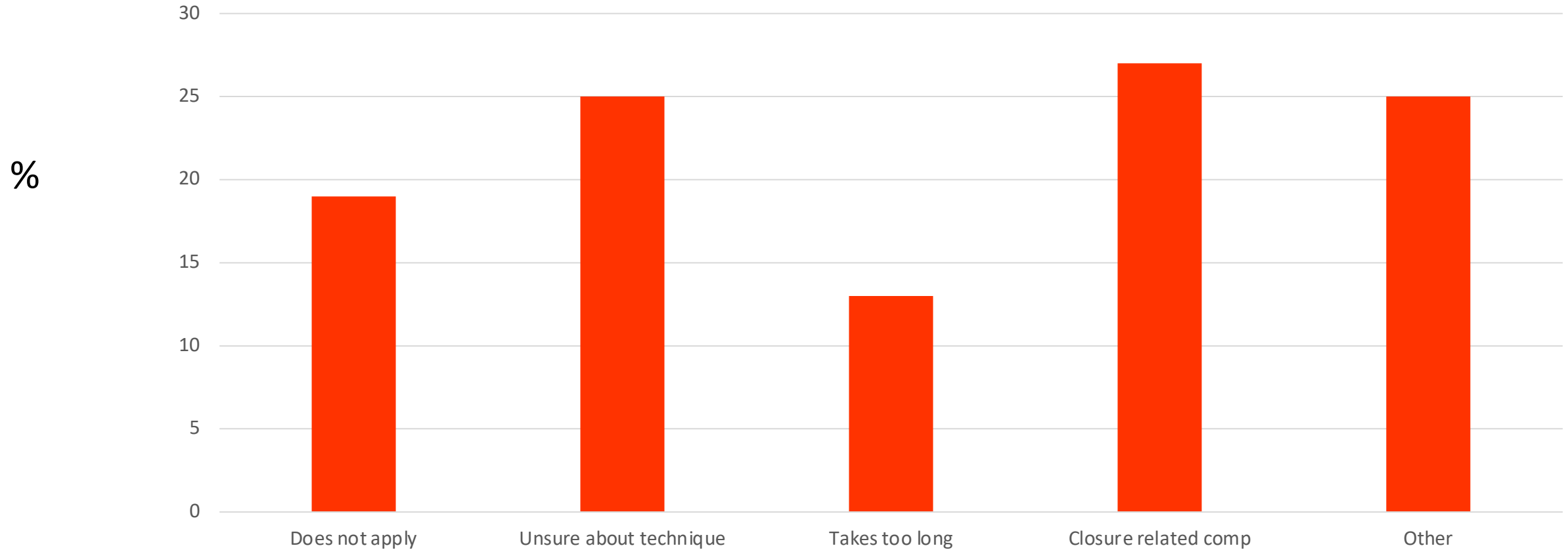
Jonas Jurt, MD^a, Laura Floquet, MD^a, Martin Hübner, MD^a, Estelle Moulin, MD^b,

Hernia prevention: practice patterns and surgeons' attitudes about abdominal wall closure and the use of prophylactic mesh

Hernia Feb 2019
479 Surgeon (75% General)

J. P. Fischer¹ · H. W. Harris² · M. López-Cano³ · W. W. Hope⁴

Small Bites Why I don't Practice Fully (76%)



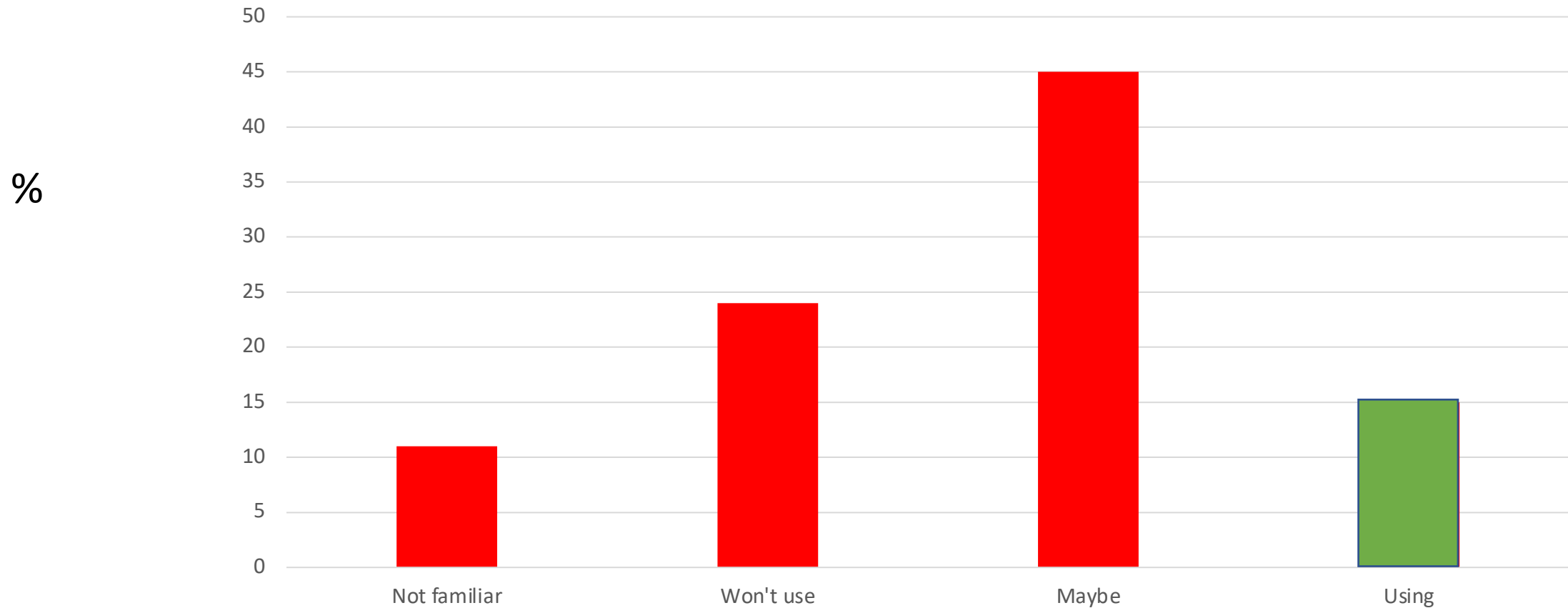
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Hernia Feb 2019

479 Surgeon (75% General)

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Current Prophylactic Mesh Practice



All about the Patient

Family and the Team



*The abdomen is your book
The fascia is your cover
The incision is **your** Signature*

Key Points

Abdominal Bundle Concept will improve outcome

Wound complications are reducible (never totally preventable)

If you are not using a wound and abdominal closure bundle, why **NOT?**



38th
Emergency Abdominal Surgery
Course

E A S C

Monday 24th June 2024

Rodos Palace Hotel
Rhodes Greece



CME 6 credits

Provisional Faculty

Nikos Arkoudis Greece
Spiros Amaoutos Greece
Walt Biffi USA
Richard ten Broek Holland
Fausto Catena Italy
Mircea Chirica France
Belinda de Simone France
Isidoro Di Carlo Italy
Ana Maria Gonzalez Spain
Kostas Fortounis Greece
Gustavo Fraga Brazil
Rifat Latifi USA
Rajashekar Mohan India
Frank Piscioneri
Manos Pikoulis Greece
Sandro Rizoli Qatar
Michael Sugrue Ireland
Maria Stafylidou Greece
Vishal Shelat Singapore
Pantelis Vassiliu Greece
Dieter Weber Australia

19th Student
Emergency Abdominal
Surgery Course

Sunday
January 28th 2024

Venue:

Robert Smith Lecture Hall

St James Hospital
Dublin



Great Refresher for Final Med Exams

Taking the Mystique out of Emergency
Abdominal Conditions!

Marja Boermeester Netherlands
Mary Connolly Dublin
Clair Donohue Dublin
Louise Flanagan Letterkenny
Ana Maria Gonzalez Spain
Olga Fagan Dublin
John Finnegan Dublin
Morad Hameed Canada
Laura Kehoe Dublin
Angus Lloyd Letterkenny
Christian Macurkiewicz UK
Isidro Martinez Spain
R. Mohan India
Ravi Narayananmy Dublin
John Reynolds Dublin
Anna Riley UK
Shaheel Sahabally Dublin
Maria Stafylidou Greece
Matti Tolonen Finland
Michael Sugrue Letterkenny
Kevin Van Der Merwe Letterkenny
Manvydas Varzgalis Letterkenny
Cheryl Waldron USA
John Waldron Dublin

4th Nursing
Emergency
Abdominal
Surgery Course

E A S C

Thursday 13th June 2024
17:00-21:00

AKISA Building, NKUA

ATTIKON Hospital
ATHENS

Approved by Nursing +Midwifery
RCSI and NMBI (4CEUs)



Provisional Faculty

Kostas Antonopoulos, Vascular, Athens
Nikos Arkoudis Radiologist, Athens
Spiros Amaoutos, Surgeon, Sparta
Spyridon Christodoulou, Surgeon, Athens
Flora Efsthathiou, Nurse, Athens
Kostas Fortounis, Surgeon, Thessaloniki
Jamie Guinan, Nurse, Ireland
Panagiotis Kokoropoulos, Surgeon, Athens
Christina Koropoulou, Radiologist, Athens
Andreas Larentzakis, Surgeon, Athens
Evangelos Lolis, Surgeon, Crete
Theodoros Maritis, Surgeon, Piraeus
Giannis Massalis, Surgeon, Nafplion
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Anna Riley, Nurse, UK
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Ian Stephens, Surgeon, UK
Michael Sugrue, Surgeon, Letterkenny, Ireland
Vivi Svardagkalou, Nurse, Athens
George Tsakalidis, Intensivist, Athens
Pantelis Vassiliu, Surgeon, Athens

7th Advanced
Emergency Abdominal Surgery
Course

E A S C

Tuesday 25th June 2024

Rodos Palace Hotel
Rhodes Greece



CME 5 credits
Provisional Faculty

Nikos Arkoudis Greece
Spiros Amaoutos Greece
Luca Ansaloni Italy
Walt Biffi USA
Mark Bowyer USA
Fausto Catena Italy
Mircea Chirica France
Federico Coccolini Italy
Isidoro Di Carlo Italy
Ana Maria Gonzalez Spain
Kostas Fortounis Greece
Gustavo Fraga Brazil
Rifat Latifi USA
Andy Kirkpatrick Canada
Ari Leppaniemi Finland
Rajashekar Mohan India
Ernest Moore USA
Frank Piscioneri Australia
Sandro Rizzoli Qatar
Michael Sugrue Ireland
Maria Stafylidou Greece
Ernest Moore USA
Vishal Shelat Singapore
Matti Tolonen Finland
Pantelis Vassiliu Greece
George Velmahos USA
Dieter Weber Australia

E A S C

Emergency Abdominal
Surgery Course

Train the Trainer Course

Sunday 23rd June 2024

CME 2 credits
Rhodos Palace Hotel
Rhodes Greece



CME 2 credits

Essential to have undertaken an EASC
course previously

Provisional Faculty

Walt Biffi USA
Richard ten Broek Holland
Fausto Catena Italy
Gustavo Fraga Brazil
Ana Maria Gonzalez Spain
Rajashekar Mohan India
Manos Pikoulis Greece
Massimo Sartelli Italy
Sandro Rizoli Qatar
Michael Sugrue Ireland
Ernest Moore USA
Pantelis Vassiliu Greece
Dieter Weber Australia

v Emergency Abdominal Surgery Course

Wednesday and Thursday
October 6th and 7th 2021

18.00-21.10 (2 x 3hour blocks)

Virtual Zoom Platform
CME 6 credits



Provisional Faculty

vEASC

Emmet Andrews Ireland
Kevin Barry Mayo
Gary Bass USA
Ferdia Bolster Ireland
Tomasz Banasiewicz Poland
Marja Boormeester Holland
Simon Cross Ireland
Fausto Catena Italy
Louise Flanagan Ireland
Tina Gaarder Norway
Li Hsee New Zealand
Paula Loughlin Ireland
Valeria Malka Australia
Isidro Martinez Spain
Carlos Mesquita Portugal
Rajashakar Mohan India
Shahin Mohseni Sweden
Bence Meszlenyi Small

v Emergency Abdominal Surgery Course

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18.00-21.10 (2 x 3hour blocks)

Virtual Zoom Platform
CME 6 credits



Pro

E

Ferdia Bolster Ireland
Tomasz Banasiewicz Poland
Marja Boormeester Holland
Simon Cross Ireland
Fausto Catena Italy
Louise Flanagan Ireland
Tina Gaarder Norway
Li Hsee New Zealand
Paula Loughlin Ireland
Valeria Malka Australia
Isidro Martinez Spain
Carlos Mesquita Portugal
Rajashakar Mohan India
Shahin Mohseni Sweden

vEASC

Day 1 Wednesday 18.00 - 21.10

18.00 Welcome

18.05 Appendicitis

18.15 Case Scenarios with Faculty

Andrews Boormeester Tolonen Loughlin
Walker G Suarez Stephens

Real Patients Real Problems
Dealing with:

Appendicitis Scoring
Pathways
Role of CT v US
NOTA

20.15 Case Scenarios with Faculty

Mohseni Pereira Vohra Catena Flanagan Bass
Mesquita Mohan Bolster

When to operate

When to abort

Technical tips for difficult GB

21.00 Short update from industry

21.10 Close

Certification for the course will be given once
MCQ's have been completed and following your

vEASC

Day 2 Thursday 18.00 - 21.10

18.00 Welcome

18.05 Small Bowel Obstruction

18.15 Case Scenarios with Faculty

Gaarder Andrews Vassiliu Marren Skelly
Martinez Cross Barry

SBO Bundle in action
When to laparoscope
The equipment/approach
Traps - Open Surgery

18.50 Large Bowel Obstruction

Banasiewicz Hsee Malka Watson Zeeshan
Flanagan Bolster G Suarez

19.00 Case Scenarios with Faculty

Path to diagnosis
Approach
Problems with Ostomies
When to reverse
Anastomotic leaks

19.45 Acute Mesenteric Ischaemia

20.00 Open Abdomen; When/How to
open/close

20.15 Testing Case Scenarios with Faculty

Boormeester Tolonen Watson Zeeshan Hsee
Vohra Walker Mesquita

Scenario session will test the ability of the
faculty to get it all together for the patient.

20.50 Key learning points to transform your
EGS care

21.10 Close

Register online Fee 150 €

Places limited-
Delivered through Zoom Platform
Course no 30

4000 Trained 12 Countries

Wound Bundle

The Detractors

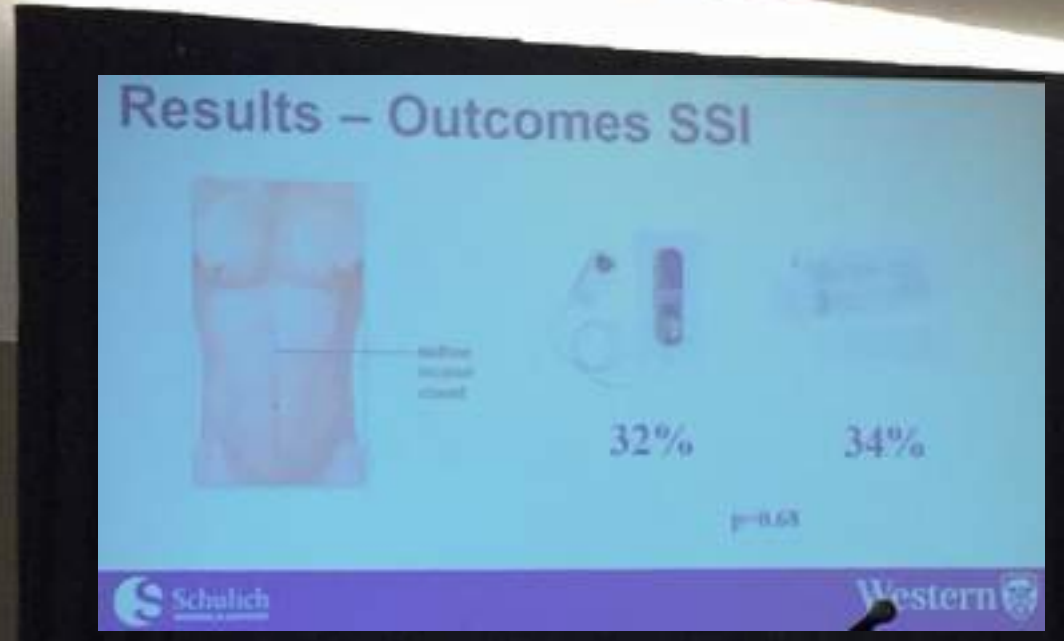
STUDY PROTOCOL

Open Access



Negative pressure wound therapy use to decrease surgical nosocomial events in colorectal resections (NEPTUNE): study

**Murphy Ontario Am Coll Surgeons
October 23 2018**



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Negative pressure wound therapy use to decrease surgical nosocomial events in colorectal resections (NEPTUNE): study



October 23 2018